|   |  |   |                         |                   |                                 |                   |       | Ar                       | Application or Docket Number                     |      |   |  |  |
|---|--|---|-------------------------|-------------------|---------------------------------|-------------------|-------|--------------------------|--|------|---|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |  |   |                         |                   |                                 |                   |       |                          |  |      |   |  |  |
| Effective October 1, 2000   |  |   |                         |                   |                                 |                   |       | D98 45456 / 7000 6695-   |  |      |   |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                         |                   |                                 |                   | SM    | IALL EN                  |  | OR   | OTHER<br>SMALL                                    |  |  |
| TOTAL CLAIMS  |  |   | 24                      |                   |                                 |                   |       | RATE                     | FEE  |      | RATE  | FEE  |  |
| FOR   |  |   | NUMBER FILED            |                   | NUMBE                           | R EXTRA           |       | ISIC FEE                 | 355.00   | OR   | BASIC FEE   | 710.00   |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 고식 minus 20=            |                   | • 4                             | -                 |       | X\$ 9=                   |  | ΟЯ   | X\$18=  | 12   |  |
| INDEPENDENT CLAIMS  |  |   | ع minus 3 =             |                   | 0                               |                   | X40=  |                          |  | OR   | X80=  | _  |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR   | RESENT                  |                   |                                 |                   | +135= |                          |  | OR   | +270=   | -  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                         |                   |                                 |                   | 7     | OTAL                     |  | OR   | TOTAL   | 78©  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                         |                   |                                 |                   |       |                          |  |      | OTHER   |  |  |
| $\perp$   | 1-18/04  | (Column 1)  | (Column 2)              |                   |                                 | (Column 3)        |       | MALL                     |  | OR   | SMALL   |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                           |                         | NUM<br>PREVI      | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA  | ۱     | RATE                     | ADDI-<br>TIONAL<br>FEE                           |      | RATE  | ADDI-<br>TIONAL<br>FEE                           |  |
| DME   | Total  | .24   | Minus                   | .20               | 4                               | =                 |       | X\$ 9=                   |  | OR   | X\$18=  |  |  |
| MEN   | Independent                                    | . 3   | Minus                   | *** (             | 5                               | =                 |       | X40=                     |  | OR   | X80=  |  |  |
| Ā   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                         |                   |                                 |                   | -     |                          |  |      |   |  |  |
|   |  |   |                         |                   |                                 |                   | L     | +135=<br>TOTAL           |  | OR   | +270=   |  |  |
|   |  |   |                         |                   |                                 |                   | AD    | ADDIT. FEE OR ADDIT. FEE |  |      |   |  |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                         |                   |                                 |                   |       |                          |  | •    |   | , , , , , ,                                      |  |
| AMENDMENT B   |  | CLAIMS HIGHES  REMAINING NUMBER  AFTER PREVIOUS  AMENDMENT PAID FOI |                         | MBER<br>HOUSLY    | PRESENT<br>EXTRA                |                   | RATE  | ADDI-<br>TIONAL<br>FEE   |  | RATE | ADDI-<br>TIONAL<br>FEE                            |  |  |
|   | Total  | •   | Minus                   | ••                |                                 | =                 |       | X\$ 9=                   |  | OR   | X\$18=  |  |  |
|   | independent                                    |   | Minus                   | •••               | 7 (1 4 14 1                     | =                 |       | X40=                     |  | OR   | X80=  |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                         |                   |                                 |                   |       | +135=                    |  | OR   | +270=   |  |  |
|   |  |   |                         |                   |                                 |                   |       | · TOTAL                  |  | OR   | ADDIT. FE   | - 4  |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                         |                   |                                 |                   |       |                          |  |      |   |  |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                           |                         | HIG<br>NU<br>PREV | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA  | Γ     | RATE                     | ADDI-<br>TIONAL<br>FEE                           |      | RATE  | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | - AMENDAREIVI   | Minus                   | ••                |                                 | =                 |       | X\$ 9=                   |  | ОН   | X\$18=  |  |  |
| MEN   | Independent                                    | •   | Minus                   | •••               |                                 | =                 | ╽┞    | X40=                     | <del>                                     </del> | 1    | Von   | 1 -  |  |
|   | FIRST PRESE                                    | NTATION OF M  | ULTIPLE DEPENDENT CLAIM |                   |                                 |                   | l ├-  |                          | <del> </del>                                     | OR   | ` <del>                                    </del> | <del>                                     </del> |  |
|   |  |   |                         |                   | !s_ <b>sor</b> !-               | aluma 9           | L     | +135=                    |  | ОЯ   | <u> </u>  |  |  |
|   | If the "Highest No                             | mn t is less than t<br>imber Previously P                           | aid For IN THI          | IS SPACE          | E is less tha                   | an 20, enter "20. | AC    | TOTAL<br>DIT. FEE        |  | ОН   | ADDIT. FE   |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |                         |                   |                                 |                   |       |                          |  |      |   |  |  |